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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number <b>HES 98.0078U1</b>		
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)						
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$ _____		\$ 790	
TOTAL CLAIMS (37 CFR 1.16(c))		43	minus 20 =	* 23	x \$ _____ =	OR	x \$ 22 = 506	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		5	minus 3 =	* 2	x _____ =	OR	x 82 = 164	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ _____ =		OR	+ _____ =	
				TOTAL		OR	TOTAL 1460	
* If the difference in column 1 is less than zero, enter "0" in column 2								
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	* 34	Minus	** 43	= 0	x \$ _____ =		OR	x \$ _____ = 0
Independent (37 CFR 1.16(b))	* 4	Minus	*** 5	= 0	x _____ =		OR	x _____ = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =		OR	+ _____ =	
				TOTAL		OR	TOTAL 0	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	* 52	Minus	** 43	= 9	x \$ _____ =		OR	x \$ 18 = 162
Independent (37 CFR 1.16(b))	* 6	Minus	*** 5	= 1	x _____ =		OR	x 78 = 78
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =		OR	+ _____ =	
				TOTAL		OR	TOTAL 240	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR	x \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ _____ =		OR	+ _____ =	
				TOTAL		OR	TOTAL	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.